

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4		3				
5		3				
6		3				
7		3				
8		3				
9		3				
10		3				
11		3				
12						
13						
14		2				
15		2				
16		2				
17		2				
18		1				
19		1				
20		1				
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37		3				
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39		3				
40		3				
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42						
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45		3				
46						
47						
48						
49						
50						
TOTAL IND.	↓		↓		↓	
TOTAL DEP.	↓		↓		↓	
TOTAL CLAIMS	↓		↓		↓	

	IND	DEP	IND	DEP	IND	DEP
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100						
TOTAL IND.	↓		↓		↓	
TOTAL DEP.	↓		↓		↓	
TOTAL CLAIMS	↓		↓		↓	